

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE	
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1							51		
2		1					52		
3	1						53		
4		1					54		
5	1						55		
6		1					56		
7		1					57		
8							58		
9		1					59		
10	1						60		
11		1					61		
12		1					62		
13							63		
14							64		
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38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	4						TOTAL IND.		
TOTAL DEP.	8						TOTAL DEP.		
TOTAL CLAIMS	12						TOTAL CLAIMS		
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS									